FOR OHF USE

LL I

2000
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2000)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: 0011593

Facility Name: Mendota Lutheran Home

Address: 500 6th Street (Number) Mendota (City) 61342 (Zip Code)

County: LaSalle

Telephone Number: (815) 539-7439 **Fax #** (815) 538-3400

IDPA ID Number: 362212706001

Date of Initial License for Current Owners: 1952

Type of Ownership:

X	VOLUNTARY,NON-PROFIT		PROPRIETARY		GOVERNMENTAL
X	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
			Limited Liability Co.		
			Trust		
			Other		

In the event there are further questions about this report, please contact:
Name: Chris S. Csernus **Telephone Number:** (815) 539-7439

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2000 to 12/31/2000 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment

Officer or Administrator of Provider

(Signed) _____ 3/ /2001 (Date)
(Type or Print Name) Chris S. Csernus
(Title) Administrator

Paid Preparer

(Signed) See Accountant's Compilation Report (Date)
(Print Name and Title) Michael G. Bokus, C.P.A., President
(Firm Name & Address) Bokus & May, P.C. 609 Main St. Mendota, Il 61342
(Telephone) (815) 539-5666 Fax # (815) 538-5771

MAIL TO: OFFICE OF HEALTH FINANCE
ILLINOIS DEPARTMENT OF PUBLIC AID
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

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Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds N/A

	1 Beds at Beginning of Report Period	2 Licensure Level of Care	3 Beds at End of Report Period	4 Licensed Bed Days During Report Period	
1		Skilled (SNF)			1
2		Skilled Pediatric (SNF/PED)			2
3	119	Intermediate (ICF)	119	43,554	3
4		Intermediate/DD			4
5	14	Sheltered Care (SC)	14	5,124	5
6		ICF/DD 16 or Less			6
7	133	TOTALS	133	48,678	7

B. Census-For the entire report period.

	1 Level of Care	2 Patient Days by Level of Care and Primary Source of Payment: Public Aid Recipient	3 Private Pay	4 Other	5 Total	
8	SNF					8
9	SNF/PED					9
10	ICF	9,793	32,762		42,555	10
11	ICF/DD					11
12	SC	0	3,136		3,136	12
13	DD 16 OR LESS					13
14	TOTALS	9,793	35,898		45,691	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed bed days on line 7, column 4.) 93.86%

D. How many bed-hold days during this year were paid by Public Aid?
101 (Do not include bed-hold days in Section B.)

E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)
None

F. Does the facility maintain a daily midnight census? Yes

G. Do pages 3 & 4 include expenses for services or investments not directly related to patient care?
YES [X] NO [ ]

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?
YES [X] NO [ ]

I. On what date did you start providing long term care at this location?
Date started 12/28/1953

J. Was the facility purchased or leased after January 1, 1978?
YES [ ] Date _____ NO [X]

K. Was the facility certified for Medicare during the reporting year?
YES [ ] NO [X] If YES, enter number of beds certified _____ and days of care provided _____

Medicare Intermediary _____

IV. ACCOUNTING BASIS

ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

Is your fiscal year identical to your tax year? YES [X] NO [ ]

Tax Year: _____ Fiscal Year: _____

* All facilities other than governmental must report on the accrual basis.

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IF AN ERROR OCCURS IN LINE 8, 16 OR 28, PLEASE ROUND ALL CELLS IN THE APPLICABLE SECTION TO ZERO DECIMAL PLACES.

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage	Supplies	Other	Total	Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
	A. General Services	1	2	3	4	5	6	7	8	9	10	
1	Dietary	262,731	39,249	7,483	309,463		309,463	(4,548)	304,915			1
2	Food Purchase		324,344		324,344		324,344	(9,235)	315,109			2
3	Housekeeping	107,490	29,037		136,527		136,527	0	136,527			3
4	Laundry	56,550	19,766		76,316		76,316	0	76,316			4
5	Heat and Other Utilities			133,685	133,685		133,685	(845)	132,840			5
6	Maintenance	69,923	20,548	23,306	113,777		113,777	(1,113)	112,664			6
7	Other (specify):*							0				7
8	TOTAL General Services	496,694	432,944	164,474	1,094,112		1,094,112	(15,741)	1,078,371			8
	B. Health Care and Programs											
9	Medical Director			9,000	9,000		9,000	0	9,000			9
10	Nursing and Medical Records	1,869,130	40,376	346,527	2,256,033		2,256,033	0	2,256,033			10
10a	Therapy							0				10a
11	Activities	85,649	6,032	1,120	92,801		92,801	0	92,801			11
12	Social Services	41,207	175	384	41,766		41,766	0	41,766			12
13	Nurse Aide Training	15,644	5,235		20,879		20,879	(2,030)	18,849			13
14	Program Transportation		2,967		2,967	78	3,045	(1,513)	1,532			14
15	Other (specify):*							0				15
16	TOTAL Health Care and Programs	2,011,630	54,785	357,031	2,423,446	78	2,423,524	(3,543)	2,419,981			16
	C. General Administration											
17	Administrative	68,489		658	69,147	(250)	68,897	0	68,897			17
18	Directors Fees							0				18
19	Professional Services			19,479	19,479		19,479	0	19,479			19
20	Dues, Fees, Subscriptions & Promotions			27,353	27,353	(128)	27,225	(9,756)	17,469			20
21	Clerical & General Office Expenses	122,993	14,496	9,928	147,417		147,417	(38)	147,379			21
22	Employee Benefits & Payroll Taxes			456,072	456,072		456,072	0	456,072			22
23	Inservice Training & Education			218	218		218	0	218			23
24	Travel and Seminar			7,337	7,337	300	7,637	0	7,637			24
25	Other Admin. Staff Transportation							0				25
26	Insurance-Prop.Liab.Malpractice			40,435	40,435		40,435	(5,562)	34,873			26
27	Other (specify):*							0				27
28	TOTAL General Administration	191,482	14,496	561,480	767,458	(78)	767,380	(15,356)	752,024			28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	2,699,806	502,225	1,082,985	4,285,016		4,285,016	(34,640)	4,250,376			29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Print Previe

IF AN ERROR OCCURS IN LINE 37 OR 44, PLEASE ROUND ALL CELLS IN THE APPLICABLE SECTION TO ZERO DECIMAL PLACES.

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR OHF USE ONLY		
		Salary/Wage	Supplies	Other	Total							
	D. Ownership	1	2	3	4	5	6	7	8	9	10	
30	Depreciation			270,153	270,153		270,153	(2,215)	267,938			30
31	Amortization of Pre-Op. & Org.			4,696	4,696		4,696	(4,696)				31
32	Interest			32,670	32,670		32,670	(32,670)				32
33	Real Estate Taxes			3,045	3,045		3,045	(3,045)				33
34	Rent-Facility & Grounds							0				34
35	Rent-Equipment & Vehicles			7,860	7,860		7,860	0	7,860			35
36	Other (specify):*							0				36
37	TOTAL Ownership			318,424	318,424		318,424	(42,626)	275,798			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation							0				38
39	Ancillary Service Centers							0				39
40	Barber and Beauty Shops							0				40
41	Coffee and Gift Shops		1,629		1,629		1,629	(1,629)				41
42	Provider Participation Fee			65,332	65,332		65,332	0	65,332			42
43	Other (specify):*							0				43
44	TOTAL Special Cost Centers		1,629	65,332	66,961		66,961	(1,629)	65,332			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	2,699,806	503,854	1,466,741	4,670,401	0	4,670,401	(78,895)	4,591,506			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds $1000.

Print Previe

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

VI. ADJUSTMENT DETAIL

A. The expenses indicated below are non-allowable and should be adjusted out of Schedule V, pages 3 or 4 via column 7. In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	NON-ALLOWABLE EXPENSES	1 Amount	2 Reference	3 OHF USE ONLY	
1	Day Care	$		$	1
2	Other Care for Outpatients				2
3	Governmental Sponsored Special Programs				3
4	Non-Patient Meals	(13,783)	Ln1,2		4
5	Telephone, TV & Radio in Resident Rooms				5
6	Rented Facility Space				6
7	Sale of Supplies to Non-Patients				7
8	Laundry for Non-Patients				8
9	Non-Straightline Depreciation				9
10	Interest and Other Investment Income	(37,366)	31,32		10
11	Discounts, Allowances, Rebates & Refunds				11
12	Non-Working Officer's or Owner's Salary				12
13	Sales Tax				13
14	Non-Care Related Interest				14
15	Non-Care Related Owner's Transactions				15
16	Personal Expenses (Including Transportation)				16
17	Non-Care Related Fees				17
18	Fines and Penalties				18
19	Entertainment				19
20	Contributions				20
21	Owner or Key-Man Insurance				21
22	Special Legal Fees & Legal Retainers				22
23	Malpractice Insurance for Individuals				23
24	Bad Debt				24
25	Fund Raising, Advertising and Promotional	(8,401)	Ln20		25
26	Income Taxes and Illinois Personal Property Replacement Tax				26
27	Nurse Aide Training for Non-Employees	(2,030)	Ln13		27
28	Yellow Page Advertising	(982)	Ln20		28
29	Other-Attach Schedule	(16,333)			29
30	**SUBTOTAL (A): (Sum of lines 1-29)**	$ (78,895)		$	30

OHF USE ONLY									
48		49		50		51		52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

		1 Amount	2 Reference	
31	Non-Paid Workers-Attach Schedule*	$		31
32	Donated Goods-Attach Schedule*			32
33	Amortization of Organization & Pre-Operating Expense			33
34	Adjustments for Related Organization Costs (Schedule VII)			34
35	Other- Attach Schedule			35
36	**SUBTOTAL (B): (sum of lines 31-35)**	$		36
37	**TOTAL ADJUSTMENTS (sum of SUBTOTALS (A) and (B))**	$ (78,895)		37

***These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.**

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification. (See instructions.)

		1 Yes	2 No	3 Amount	4 Reference	
38	Medically Necessary Transport.		X	$		38
39						39
40	Gift and Coffee Shops		X			40
41	Barber and Beauty Shops		X			41
42	Laboratory and Radiology		X			42
43	Prescription Drugs		X			43
44	Exceptional Care Program		X			44
45	Other-Attach Schedule					45
46	Other-Attach Schedule					46
47	**TOTAL (C): (sum of lines 38-46)**			$		47

Detail lines 29 and 35 of Page 5 starting in B44. DO NOT DRAG AND DROP CELLS.

The amounts in column F will transfer to the Adj. Summary column automatically.

The amounts in the Adj. Summary column are linked to pages Summary A and B.

To Print the Other Adjustments you have entered.

1. **Highlight the other adjustments you have entered starting at B44 and continue to your last entry. Be sure the columns highlighted are B thru G.**
2. **Push the Print Other Adjustments button.**

STATE OF ILINOIS **Page 5A**

Facility Name **Meadow Lawn Home**

IDH # **0013193**

Report Period Beginning: **01/1/2005**

Ending: **12/31/2005**

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	Sch V	Adj. Summary
	The information listed in B13 thru G65 is from Page 5.				
1	**Day Care**	0	0	**Line 1**	0
2	**Other Care for Outpatients**	0	0	**Line 2**	0
3	**Governmental Sponsored Special Programs**	0	0	**Line 3**	0
4	**Non-Patient Meals**	(11,785)	1a12	**Line 4**	0
5	**Telephone, TV & Radio in Resident Rooms**	0	0	**Line 5**	0
6	**Rented Facility Space**	0	0	**Line 6**	0
7	**Sale of Supplies to Non-Patients**	0	0	**Line 7**	0
8	**Laundry for Non-Patients**	0	0	**Line 8**	0
9	**Non-Straight-line Depreciation**	0	0	**Line 9**	0
10	**Interest and Other Investment Income**	(37,344)	31,32	**Line 10**	0
11	**Discounts, Allowances, Rebates & Refunds**	0	0	**Line 10a**	0
12	**Non-Working Officer's or Owner's Salary**	0	0	**Line 11**	0
13	**Sales Tax**	0	0	**Line 12**	0
14	**Non-Care Related Interest**	0	0	**Line 12**	0
15	**Non-Care Related Owner's Transactions**	0	0	**Line 14**	0
16	**Personal Expenses (Including Transportation)**	0	0	**Line 15**	0
17	**Non-Care Related Fees**	0	0	**Line 16**	0
18	**Fines and Penalties**	0	0	**Line 17**	0
19	**Entertainment**	0	0	**Line 18**	0
20	**Contributions**	0	0	**Line 19**	0
21	**Owner or Key Man Insurance**	0	0	**Line 20**	0
22	**Special Legal Fees & Legal Retainers**	0	0	**Line 21**	0
23	**Malpractice Insurance for Individuals**	0	0	**Line 22**	0
24	**Bad Debt**	0	0	**Line 23**	0
25	**Direct Mailing, Advertising and Promotional**	(8,468)	1a20	**Line 24**	0
26	**Income & 51 Personal Property Replacement Taxes**	0	0	**Line 25**	0
27	**Nurse Aide Training for Non-Employees**	(2,030)	1a13	**Line 26**	0
28	**Yellow Page Advertising**	(982)	1a20	**Line 27**	0
29	**Non-Paid Workers**	0	0	**Line 28**	0
30	**Donated Goods**	0	0	**Line 29**	0
31	**Amortization Expense**	0	0	**Line 30**	0
32				**Line 31**	0
33				**Line 32**	0
34				**Line 33**	0
35				**Line 34**	0
36				**Line 35**	0
37				**Line 36**	0
38				**Line 37**	0
39				**Line 38**	0
40				**Line 39**	0
41				**Line 40**	0
42				**Line 41**	0
43				**Line 42**	0
44				**Line 43**	0
45				**Line 44**	0
46				**Line 45**	0

Print Other Adjustment

Reference 1	Reference 2	Reference 3	Reference 4	Reference 5	Reference 6	Reference 7	Reference 9	Reference 10	Reference 10a	Reference 11	Reference 12	Reference 13	Reference 14	Reference 15	Reference 17	Reference 18	Reference 19	Reference 20	Reference 21	Reference 22	Reference 23	Reference 24	Reference 25	Reference 26	Reference 27	Reference 30	Reference 31	Reference 32	Reference 33	Reference 34	Reference 35	Reference 36	Reference 38	Reference 39	Reference 40	Reference 41	Reference 42	Reference 43	Referenc

SEE THE PROCEDURES AT THE BOTTOM OF THE WORKSHEET.
IF THESE ARE NOT FOLLOWED, THE FORMULAS WILL NOT FUNCTION PROPERLY.

STATE OF ILLINOIS **Summary A**

Facility Name & ID Number Mendota Lutheran Home **#** 0011593 **Report Period Beginning:** 01/01/2000 **Ending:** 12/31/2000

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

Print Summary

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	0	0	0	0	0	0	0	0	0	0	0	0	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	**TOTAL General Services**	0	0	0	0	0	0	0	0	0	0	0	0	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	0	0	0	0	0	0	0	0	0	0	0	0	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	**TOTAL Health Care and Programs**	0	0	0	0	0	0	0	0	0	0	0	0	16
	C. General Administration													
17	Administrative	0	0	0	0	0	0	0	0	0	0	0	0	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	0	0	0	0	0	0	0	0	0	0	0	0	19
20	Fees, Subscriptions & Promotions	0	0	0	0	0	0	0	0	0	0	0	0	20
21	Clerical & General Office Expenses	0	0	0	0	0	0	0	0	0	0	0	0	21
22	Employee Benefits & Payroll Taxes	0	0	0	0	0	0	0	0	0	0	0	0	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	0	0	0	0	0	0	0	0	0	0	0	0	24
25	Other Admin. Staff Transportation	0	0	0	0	0	0	0	0	0	0	0	0	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	**TOTAL General Administration**	0	0	0	0	0	0	0	0	0	0	0	0	28
29	**TOTAL Operating Expense (sum of lines 8,16 & 28)**	0	0	0	0	0	0	0	0	0	0	0	0	29

DO NOT USE DRAG & DROP, CUT OR MOVE COMMANDS. THEY WILL RUIN THE FORMULAS.

1. Enter the information on pages 5 and 5A.
2. For pages 6 thru 6I, the information you enter does not need to be sorted by line reference.
3. For pages 6 thru 6I, a line can be referenced as many times as needed per page.
4. For pages 6 thru 6I, related organization costs for therapy must be referenced as line number 10a.
5. The amounts in the column Q are linked to page 3.

SEE THE PROCEDURES AT THE BOTTOM OF THE WORKSHEET.
IF THESE ARE NOT FOLLOWED, THE FORMULAS WILL NOT FUNCTION PROPERLY.

STATE OF ILLINOIS — Summary B

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

Print Summary

	Capital Expense / D. Ownership	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
30	Depreciation	0	0	0	0	0	0	0	0	0	0	0	0	30
31	Amortization of Pre-Op. & Org.	0	0	0	0	0	0	0	0	0	0	0	0	31
32	Interest	0	0	0	0	0	0	0	0	0	0	0	0	32
33	Real Estate Taxes	0	0	0	0	0	0	0	0	0	0	0	0	33
34	Rent-Facility & Grounds	0	0	0	0	0	0	0	0	0	0	0	0	34
35	Rent-Equipment & Vehicles	0	0	0	0	0	0	0	0	0	0	0	0	35
36	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	36
37	**TOTAL Ownership**	0	0	0	0	0	0	0	0	0	0	0	0	37
	Ancillary Expense													
	E. Special Cost Centers													
38	Medically Necessary Transportation	0	0	0	0	0	0	0	0	0	0	0	0	38
39	Ancillary Service Centers	0	0	0	0	0	0	0	0	0	0	0	0	39
40	Barber and Beauty Shops	0	0	0	0	0	0	0	0	0	0	0	0	40
41	Coffee and Gift Shops	0	0	0	0	0	0	0	0	0	0	0	0	41
42	Provider Participation Fee	0	0	0	0	0	0	0	0	0	0	0	0	42
43	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	43
44	**TOTAL Special Cost Centers**	0	0	0	0	0	0	0	0	0	0	0	0	44
45	**GRAND TOTAL COST (sum of lines 29, 37 & 44)**	0	0	0	0	0	0	0	0	0	0	0	0	45

DO NOT USE DRAG & DROP, CUT OR MOVE COMMANDS. THEY WILL RUIN THE FORMULAS.

1. Enter the information on pages 5 and 5A.
2. For pages 6 thru 6I, the information you enter does not need to be sorted by line reference.
3. For pages 6 thru 6I, a line can be referenced as many times as needed per page.
4. For pages 6 thru 6I, related organization costs for therapy must be referenced as line number 10a.
5. The amounts in the column Q are linked to page 4.

SEE THE PROCEDURES AT THE BOTTOM OF THE WORKSHEET. IF THESE ARE NOT
FOLLOWED, THE FORMULAS ON THE SUMMARY PAGES WILL NOT FUNCTION PROPERLY.

STATE OF ILLINOIS — Page 6

Facility Name & ID Number: Mendota Lutheran Home — # 0011593 — Report Period Beginning: 01/01/2000 — Ending: 12/31/2000

VII. RELATED PARTIES

Show Pgs 6A thru 6 | Show Pgs 6E thru 6 | Hide Pgs 6A thru 6

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
NOT APPLICABLE						

B. Are any costs included in this report which are a result of transactions with related organizations* This includes rent, management fees, purchase of supplies, and so forth. ☐ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1 Schedule V	2 Line	3 Cost Per General Ledger Item	4 Amount	5 Cost to Related Organization Name of Related Organization	6 Percent of Ownership	7 Operating Cost of Related Organization	8 Difference; Adjustments for Related Organization Costs (7 minus 4)	
1	V		$		$	$		1
2	V							2
3	V							3
4	V							4
5	V							5
6	V							6
7	V							7
8	V							8
9	V							9
10	V							10
11	V							11
12	V							12
13	V							13
14	Total		$			$	$ -	14

Sum_6

* Total must agree with the amount recorded on line 34 of Schedule VI.

DO NOT USE DRAG & DROP, CUT OR MOVE COMMANDS. THEY WILL RUIN THE FORMULAS.

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1. Enter the information on pages 5 and 5A.
2. For pages 6 thru 6E, the information you enter does not need to be sorted by line reference.
3. For pages 6 thru 6E, a line can be referenced as many times as needed per page.
4. For pages 6 thru 6E, related organization costs for therapy must be referenced as line number 10a.
5. The adjustments entered on this page will automatically transfer to the summary pages.

Line 1 Line 2 Line 3 Line 4 Line 5 Line 6 Line 7 Line 9 Line 10 Line 10a Line 11 Line 12 Line 13 Line 14 Line 15 Line 17 Line 18 Line 19 Line 20 Line 21 Line 22 Line 23 Line 24 Line 25 Line 26 Line 27 Line 30 Line 31 Line 32 Line 33 Line 34 Line 35 Line 36 Line 38 Line 39 Line 40 Line 41 Line 42 Line 43

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1	2	3	4	5	6		7		8	
	Name	Title	Function	Ownership Interest	Compensation Received From Other Nursing Homes*	Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		Compensation Included in Costs for this Reporting Period**		Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	NOT APPLICABLE								$		1
2											2
3											3
4											4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	$		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

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Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/2000 Ending: 2/31/2000

VIII. ALLOCATION OF INDIRECT COSTS [Show Pgs 8A thru 8] [Show Pgs 8E thru 8] [Hide Pgs 8A thru 8]

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES [ ] NO [X]

B. Show the allocation of costs below. If necessary, please attach worksheets.

Name of Related Organization
Street Address
City / State / Zip Code
Phone Number ( )
Fax Number ( )

	1 Schedule V Line Reference	2 Item	3 Unit of Allocation (i.e.,Days, Direct Cost, Square Feet)	4 Total Units	5 Number of Subunits Being Allocated Among	6 Total Indirect Cost Being Allocated	7 Amount of Salary Cost Contained in Column 6	8 Facility Units	9 Allocation (col.8/col.4)x col.6	
1						$	$		$	1
2										2
3										3
4										4
5										5
6										6
7										7
8										8
9										9
10										10
11										11
12										12
13										13
14										14
15										15
16										16
17										17
18										18
19										19
20										20
21										21
22										22
23										23
24										24
25	TOTALS					$	$		$	25

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Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

	1	2		3	4	5	6	7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense	
		YES	NO				Original	Balance				
	A. Directly Facility Related											
	Long-Term											
1	First State Bank-Mendota		X	Building Construction	-0-	06/30/95	$ 1,235,000	$ 505,000	8/01/2014	5.750%	$ 32,670	1
2												2
3												3
4												4
5												5
	Working Capital											
6												6
7												7
8												8
9	TOTAL Facility Related						$ 1,235,000	$ 505,000			$ 32,670	9
	B. Non-Facility Related*											
10												10
11												11
12												12
13												13
14	TOTAL Non-Facility Related						$	$			$	14
15	TOTALS (line 9+line14)						$ 1,235,000	$ 505,000			$ 32,670	15

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7. (See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2. (See instructions.)

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Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)

B. Real Estate Taxes

1. Real Estate Tax accrual used on 1999 report.	$	1,896	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)	$	3,097	2
3. Under or (over) accrual (line 2 minus line 1).	$	1,201	3
4. Real Estate Tax accrual used for 2000 report. (Detail and explain your calculation of this accrual on the lines below.)	$	1,844	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)	$	0	5
6. Subtract a refund of real estate taxes used previously to calculate a payment rate. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND $ For 19 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)	$		6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.	$	3,045	7

Real Estate Tax History:

Real Estate Tax Bill for Calendar Year:		
1995	2,158	8
1996	2,395	9
1997	2,748	10
1998	2,862	11
1999	3,097	12

The Home owns one property not used for patient care. For this reason the Mendota Lutheran Home pays real estate tax, although it is a not for profit organization. Costs and expenses for this property have been adjusted out of this report on Schedule V.

	FOR OHF USE ONLY		
13	FROM R. E. TAX STATEMENT FOR 1999	$	13
14	PLUS APPEAL COST FROM LINE 5	$	14
15	LESS REFUND FROM LINE 6	$	15
16	AMOUNT TO USE FOR RATE CALCULATION	$	16

NOTES:

1. Please indicate a negative number by use of brackets( ). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity. This denial must be no more than four years old at the time the cost report is filed.

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Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

X. BUILDING AND GENERAL INFORMATION:

A. Square Feet: 69,665 B. General Construction Type: Exterior Brick Frame Brick & Steel Number of Stories Mostly One Story

C. Does the Operating Entity? [X] (a) Own the Facility [ ] (b) Rent from a Related Organization. [ ] (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.

D. Does the Operating Entity? [X] (a) Own the Equipment [ ] (b) Rent equipment from a Related Organization. [X] (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's grounds (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable)

F. Does this cost report reflect any organization or pre-operating costs which are being amortized? [X] YES [ ] NO
If so, please complete the following:

1. Total Amount Incurred: See Schedule 2. Number of Years Over Which it is Being Amortized: See Schedule
3. Current Period Amortization: 4,696 4. Dates Incurred: See Schedule

Nature of Costs: See Schedule
(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1 Use	2 Square Feet	3 Year Acquired	4 Cost	
1	Building Site	63,000	1951 To 1975	$ 82,752	1
2	Building Site	53,760	1993	348,949	2
3	TOTALS	116,760		$ 431,701	3

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IF AN ERROR OCCURS IN LINE 35, COLUMN 4, PLEASE REMOVE THE TEXT FROM COLUMN 2 OR 3.

Show Pgs 12A & 12 | Show Pgs 12C and 12 | Hide Pgs 12A thru 12

STATE OF ILLINOIS

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	14		1962	1964	$ 264,584	$ 4,287	Various	$ 4,287	$	$ 254,134	4
5	45		1971	1671	472,968	14,190	Various	14,190		435,862	5
6	31		1975	1975	595,519	19,826	Various	19,826		496,398	6
7			1976	1976	280,167	9,339	30	9,339		228,799	7
8			1983	1983	65,250	2,175	30	2,175		39,150	8
	PLEASE REMOVE TEXT FROM COLUMNS 2 OR 3										
9	Nite lights & Door Alarm			1971	1,244	0	10			1,244	9
10	Landscaping			1971	6,835	0	10			6,835	10
11	Bath Tub Ramp			1972	226	0	10			226	11
12	North Entry Alteration			1974	1,207	0	25			1,207	12
13	Emergency Lights			1974	980	0	10			980	13
14	Emergency Lights			1975	626	0	10			626	14
15	Landscaping			1976	1,086	0	10			1,086	15
16	Parking Lot Improvements			1977	3,177	0	10			3,177	16
17	Sprinkler System			1978	14,160	0	20			14,160	17
18	Water Heater			1984	4,111		15			4,111	18
19	Cove Molding			1985	2,457	98	25	98		1,554	19
20	Nurse Call Lites			1985	2,267	64	15	64		2,267	20
21	Heating System Rev.			1985	11,343	567	20	567		9,025	21
22	Examination Room			1985	5,869	196	30	196		3,052	22
23	Water Heater Booster			1985	782	19	15	19		782	23
24	Air Conditioner/Furnace			1986	3,552	178	20	178		2,564	24
25	Water Heater			1986	773	52	15	52		733	25
26	Replace Roof			1987	98,780	4,939	20	4,939		67,500	26
27	Phone System			1987	3,811	191	20	191		2,497	27
28	Cupboards			1987	303	15	20	15		205	28
29	Water Heater-Kitchen			1987	2,805	187	15	187		2,462	29
30	Rebuild Elvator			1988	19,831	992	20	992		12,729	30
31	Basement Room			1988	529	26	20	26		322	31
32	Egress Window			1989	810	31	26	31		357	32
33	Phase Monitor			1989	348	17	20	17		197	33
34	Water Heater			1989	1,298	81	16	81		918	34
35	Soffits and Gutters			1989	9,890	380	26	380		4,371	35
36	PLEASE REMOVE TEXT FROM COLUMNS 2 OR 3				$ #VALUE!	$ 57,850		$ 57,850	$	$ 1,599,530	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

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IF AN ERROR OCCURS IN LINE 35, COLUMN 4, PLEASE REMOVE THE TEXT FROM COLUMN 2 OR 3.

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STATE OF ILLINOIS

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4	43		1995	1995	$ 2,607,338	$ 67,158	40	$ 67,158	$	$ 352,579	4
5											5
6											6
7											7
8											8
	PLEASE REMOVE TEXT FROM COLUMNS 2 OR 3										
9	Water Heaters			1989	2,681	168	16	168		1,986	9
10	Harris Lounge Light Fixture			1990	2,089	34	10	34		2,089	10
11	Replace Roof South Unit			1990	33,700	1,685	20	1,685		17,552	11
12	Getz Hood			1990	870	43	20	43		478	12
13	Tub Room			1990	3,478	116	30	116		1,257	13
14	Code Alert System			1990	17,344	1,156	15	1,156		12,524	14
15	Office Electrical Wiring			1990	1,283	64	20	64		651	15
16	Ceiling In Office/Lounge			1990	5,181	199	26	199		1,999	16
17	Medication Room			1991	18,286	610	30	610		6,099	17
18	Fire Alarm System			1991	14,683	734	20	734		6,912	18
19	Doors Monitor & Nurse Call			1991	2,971	198	15	198		1,782	19
20	Water Heater			1991	2,776	185	15	185		1,773	20
21	Shower Room Remodeling			1991	3,362	112	30	112		1,064	21
22	Black Top Parking Lot			1991	3,180	212	15	212		1,996	22
23	Fire Door In Serving Window			1993	3,373	211	16	211		1,811	23
24	Air Conditioner Compressor			1993	2,482	248	10	248		1,819	24
25	Air Conditioner Compressor			1993	2,072	138	10	138		1,024	25
26	Radiator Covers			1993	6,405	320	20	320		2,401	26
27	Parking Lot Improvements			1994	1,962	196	10	196		1,388	27
28	Renovation Of South Unit			1994	4,551	228	20	228		1,500	28
29	Cross Connection Corrections			1994	10,878	544	20	544		3,536	29
30	Parking Lot			1994	141,458	9,431	15	9,431		58,157	30
31	Pressure Back Flow Device			1995	5,567	223	25	223		1,300	31
32	South Unit/Laundry Remodeling			1995	9,165	458	20	458		2,431	32
33	Landscaping			1996	2,841	284	10	284		1,491	33
34	Fence-West Wing			1996	2,288	286	8	286		1,502	34
35	Water Heater			1996	1,208	80	15	80		396	35
36	PLEASE REMOVE TEXT FROM COLUMNS 2 OR 3				$ #VALUE!	$ 85,321		$ 85,321	$	$ 489,497	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

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IF AN ERROR OCCURS IN LINE 35, COLUMN 4, PLEASE REMOVE THE TEXT FROM COLUMN 2 OR 3.

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STATE OF ILLINOIS

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	PLEASE REMOVE TEXT FROM COLUMNS 2 OR 3										
9	Lights In Offices			1996	2,632	132	20	132		648	9
10	2" Water Meter - West Wing			1996	895	45	20	45		214	10
11	Light Fixtures Upstairs			1996	1,168	58	20	58		272	11
12	Vent In Oxygen Storage Room			1996	685	46	15	46		213	12
13	Light Fixtures - Dining Room			1996	2,919	146	20	146		669	13
14	Ceiling Tile - Dining Room			1996	982	65	15	65		294	14
15	Lights - Rooms & Halls Center Unit			1997	27,704	2,770	10	2,770		10,620	15
16	9 Zonline Heater/Air Conditioners			1997	6,299	630	10	630		2,152	16
17	Remodel/Refurbish Rooms & Hall			1997	50,949	3,397	15	3,397		10,473	17
18	Fire Annunciator Panel			1997	2,718	181	15	181		558	18
19	Remodel Nurses Station			1997	13,762	917	15	917		2,752	19
20	Lights - Rooms & Hall North Unit			1997	18,469	1,847	10	1,847		7,080	20
21	Water Heater			1997	4,210	281	15	281		912	21
22	Remodel/Refurbish Rooms & Hall North Unit			1997	53,073	3,538	15	3,538		10,909	22
23	Fire Annunciator Panel			1997	2,717	181	15	181		558	23
24	Windows & Ceiling Tile			1997	3,261	163	20	163		571	24
25	Corner Guards			1997	473	47	10	47		177	25
26	Landscape Garage			1997	200	20	10	20		70	26
27	Handicap Sidewalk Pad			1997	1,242	83	15	83		284	27
28	Garage For Van			1997	19,744	987	20	987		3,372	28
29	Petroleum Tank Removal			1998	6,656	444	15	444		1,258	29
30	Windows South Unit			1998	10,393	1,039	10	1,039		2,598	30
31	Windows & Doors Center Unit			1998	9,632	963	10	963		2,408	31
32	Lights, Handrails & Carpet			1998	16,378	1,638	10	1,638		4,095	32
33	New Roof			1998	151,886	15,189	10	15,189		37,972	33
34	Code Alert System			1998	35,360	3,536	10	3,536		8,840	34
35	Smoke Alarms			1998	4,718	472	10	472		1,180	35
36	PLEASE REMOVE TEXT FROM COLUMNS 2 OR 3				$ #VALUE!	$ 38,815		$ 38,815	$	$ 111,149	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

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IF AN ERROR OCCURS IN LINE 35, COLUMN 4, PLEASE REMOVE THE TEXT FROM COLUMN 2 OR 3.

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STATE OF ILLINOIS

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	PLEASE REMOVE TEXT FROM COLUMNS 2 OR 3										
9	Fire Alarm System Upgrade			1998	6,902	690	10	690		1,725	9
10	Air Conditioners			1998	6,299	630	10	630		1,575	10
11	Water Heater West Wing			1998	4,197	280	15	280		700	11
12	Water Softener West Wing			1998	6,213	621	10	621		1,553	12
13	Lighting - North Unit			1998	4,061	406	10	406		1,015	13
14	Outdoor Wiring & Installation			1999	10,529	526	20	526		965	14
15	Fire Safing Drywall			1999	27,134	1,809	15	1,809		2,713	15
16	Air Conditioner			1999	1,899	190	10	190		285	16
17	Computer Wiring			1999	2,154	108	20	108		135	17
18	Cabinet & Carpentry Work			1999	10,239	683	15	683		1,024	18
19	Plunbing Campbell Lounge			1999	3,287	165	20	165		247	19
20	Electrical Fixtures Campbell Lounge			1999	1,014	101	10	101		152	20
21	New Drains - South Unit			2000	3,159	79	20	79		79	21
22	Water Heater - Center Unit			2000	7,933	397	10	397		397	22
23	Water Heaters & Plumbing			2000	2,141	107	10	107		107	23
24	Water Valve West Wing			2000	1,027	34	20	34		34	24
25											25
26											26
27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	PLEASE REMOVE TEXT FROM COLUMNS 2 OR 3				$ #VALUE!	$ 6,826		$ 6,826	$	$ 12,706	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

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IF AN ERROR OCCURS IN LINE 35, COLUMN 4, PLEASE REMOVE THE TEXT FROM COLUMN 2 OR 3.

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STATE OF ILLINOIS

Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Beds*	FOR OHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
4					$	$		$	$	$	4
5											5
6											6
7											7
8											8
	PLEASE REMOVE TEXT FROM COLUMNS 2 OR 3										
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17											17
18											18
19											19
20											20
21											21
22											22
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24											24
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27											27
28											28
29											29
30											30
31											31
32											32
33											33
34											34
35											35
36	PLEASE REMOVE TEXT FROM COLUMNS 2 OR 3				$ #VALUE!	$		$	$	$	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete.

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Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
37	Purchased in Prior Years	$ 714,260	$ 71,662	$ 71,662	$		$ 349,093	37
38	Current Year Purchases	31,999	2,737	2,737			2,737	38
39	Fully Depreciated Assets	238,619	601	601			238,619	39
40								40
41	TOTALS	$ 984,878	$ 75,000	$ 75,000	$		$ 590,449	41

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
42	Resident Van	1993 Ford 8 Passenger Van	1993	$ 38,350	$ 0	$	$	5	$ 38,350	42
43	Resident Van	1998 Dodge Caravan SE	1999	16,583	4,146	4,146		4	6,219	43
44										44
45										45
46	TOTALS			$ 54,933	$ 4,146	$ 4,146	$		$ 44,569	46

E. Summary of Care-Related Assets

		1 Reference	2 Amount	
47	Total Historical Cost	(line 3,col.4 + line 36,col.4 + line 41,col.1 + line 46,col.4)	$ #VALUE!	47
48	Current Book Depreciation	(line 36,col.5 + line 41,col.2 + line 46,col.5)	$ 267,958	48
49	Straight Line Depreciation	(line 36,col.7 + line 41,col.3 + line 46,col.6)	$ 267,958	49 **
50	Adjustments	(line 36,col.8 + line 41,col.4 + line 46,col.7)	$	50
51	Accumulated Depreciation	(line 36,col.9 + line 41,col.6 + line 46,col.9)	$ 2,847,900	51

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
52	House & Lot 5/15/1990	$ 55,710	$ 1,931	$ 20,597	52
53	Tree Of Life 1995	10,561	264	1,428	53
54					54
55					55
56					56
57	TOTALS	$ 66,271	$ 2,195	$ 22,025	57

G. Construction-in-Progress

	Description	Cost	
58		$	58
59			59
60			60
61		$	61

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

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Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

XII. RENTAL COSTS

A. Building and Fixed Equipment (See instructions.)

1. Name of Party Holding Lease: NONE

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?
If NO, see instructions. ☐ YES ☐ NO

		1 Year Constructed	2 Number of Beds	3 Date of Lease	4 Rental Amount	5 Total Years of Lease	6 Total Years Renewal Option*	
3	Original Building:				$			3
4	Additions							4
5								5
6								6
7	TOTAL				$ **			7

8. List separately any amortization of lease expense included on page 4, line 34.
This amount was calculated by dividing the total amount to be amortized by the length of the lease ____.

9. Option to Buy: ☐ YES ☐ NO Terms: ____ *

10. Effective dates of current rental agreement:
Beginning ____
Ending ____

11. Rent to be paid in future years under the current rental agreement:

	Fiscal Year Ending	Annual Rent
12.	/2001	$
13.	/2002	$
14.	/2003	$

B. Equipment-Excluding Transportation and Fixed Equipment. (See instructions.)

15. Is Movable equipment rental included in building rental? ☐ YES ☐ NO

16. Rental Amount for movable equipment: $ 7,860 Description: Four Mita Copiers And A Fax Machine Are Leased From Modern Business Services, Ottawa, IL
(Attach a schedule detailing the breakdown of movable equipment)

C. Vehicle Rental (See instructions.)

	1 Use	2 Model Year and Make	3 Monthly Lease Payment	4 Rental Expense for this Period	
17	NONE		$	$	17
18					18
19					19
20					20
21	TOTAL		$	$	21

* If there is an option to buy the building, please provide complete details on attached schedule.

** This amount plus any amortization of lease expense must agree with page 4, line 34.

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Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

XIII. EXPENSES RELATING TO NURSE AIDE TRAINING PROGRAMS (See instructions.)

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? [X] YES [ ] NO

If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.

2. CLASSROOM PORTION:
- IN-HOUSE PROGRAM [X]
- IN OTHER FACILITY [X]
- COMMUNITY COLLEGE [X]
- HOURS PER AIDE 115

3. CLINICAL PORTION:
- IN-HOUSE PROGRAM [X]
- IN OTHER FACILITY [X]
- HOURS PER AIDE 65

B. EXPENSES

ALLOCATION OF COSTS (d)

		1 Facility Drop-outs	2 Facility Completed	3 Contract	4 Total
1	Community College Tuition	$ 0	$ 2,931	$ 0	$ 2,931
2	Books and Supplies	228	1,064	304	1,596
3	Classroom Wages (a)	1,429	3,337		4,766
4	Clinical Wages (b)	804	1,877		2,681
5	In-House Trainer Wages (c)	1,171	5,300	1,726	8,197
6	Transportation				
7	Contractual Payments				
8	Nurse Aide Competency Tests	50	658		708
9	TOTALS	$ 3,682	$ 15,167	$ 2,030	$ 20,879
10	SUM OF line 9, col. 1 and 2 (e)	$ 18,849			

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

$ 1,060

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	14
2. From other facilities (f)	3
DROP-OUTS	
1. From this facility	3
2. From other facilities (f)	1
TOTAL TRAINED	21

(a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
(b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
(c) For in-house training programs only. Do not include fringe benefits.
(d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.
(e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
(f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

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Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8	
	Service	Schedule V Line & Column Reference	Staff Units of Service	Staff Cost	Outside Practitioner (other than consultant) Units	Outside Practitioner (other than consultant) Cost	Supplies (Actual or) Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)	
1	Licensed Occupational Therapist	NONE	hrs	$		$	$		$ NONE	1
2	Licensed Speech and Language Development Therapist		hrs							2
3	Licensed Recreational Therapist		hrs							3
4	Licensed Physical Therapist		hrs							4
5	Physician Care		visits							5
6	Dental Care		visits							6
7	Work Related Program		hrs							7
8	Habilitation		hrs							8
9	Pharmacy		# of prescrpts							9
10	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs							10
11	Academic Education		hrs							11
12	Exceptional Care Program									12
13	Other (specify):									13
14	TOTAL			$		$	$		$	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

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Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

XV. BALANCE SHEET - Unrestricted Operating Fund. As of 12/31/2000 (last day of reporting year)

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 823,352	$	1
2	Cash-Patient Deposits	3,795		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	150,511		3
4	Supply Inventory (priced at Cost)	51,501		4
5	Short-Term Investments	1,094,152		5
6	Prepaid Insurance	28,027		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Interest Receivable	20,246		9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 2,171,584	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments	1,265,194		12
13	Land	437,201		13
14	Buildings, at Historical Cost	5,314,369		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,124,587		16
17	Accumulated Depreciation (book methods)	(2,869,925)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	18,845		19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 5,290,271	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 7,461,855	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 77,967	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	3,795		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	110,619		30
31	Accrued Taxes Payable (excluding real estate taxes)	8,462		31
32	Accrued Real Estate Taxes(Sch.IX-B)	1,844		32
33	Accrued Interest Payable	14,170		33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36				36
37				37
38	**TOTAL Current Liabilities (sum of lines 26 thru 37)**	$ 216,857	$	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable	505,000		39
40	Mortgage Payable			40
41	Bonds Payable			41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43				43
44				44
45	**TOTAL Long-Term Liabilities (sum of lines 39 thru 44)**	$ 505,000	$	45
46	**TOTAL LIABILITIES (sum of lines 38 and 45)**	$ 721,857	$	46
47	**TOTAL EQUITY(page 18, line 24)**	$ 6,739,998	$	47
48	**TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)**	$ 7,461,855	$	48

***(See instructions.)**

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Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

XVI. STATEMENT OF CHANGES IN EQUITY

		1 Total	
1	**Balance at Beginning of Year, as Previously Reported**	$ 6,142,801	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	**Balance at Beginning of Year, as Restated (sum of lines 1-5)**	$ 6,142,801	6
	A. Additions (deductions):		
7	NET Income (Loss) (from page 19, line 43)	597,197	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	( )	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe)		15
16	Other (describe)		16
17	**TOTAL Additions (deductions) (sum of lines 7-16)**	$ 597,197	17
	B. Transfers (Itemize):		
18			18
19			19
20			20
21			21
22			22
23	**TOTAL Transfers (sum of lines 18-22)**	$	23
24	**BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)**	$ 6,739,998	24 *

*** This must agree with page 17, line 47.**

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Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

XVII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

	Revenue	1 Amount	
	A. Inpatient Care		
1	Gross Revenue -- All Levels of Care	$ 4,314,205	1
2	Discounts and Allowances for all Levels	( )	2
3	**SUBTOTAL Inpatient Care (line 1 minus line 2)**	$ 4,314,205	3
	B. Ancillary Revenue		
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	6,767	6
7	Oxygen		7
8	**SUBTOTAL Ancillary Revenue (lines 4 thru 7)**	$ 6,767	8
	C. Other Operating Revenue		
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements	2,030	11
12	Gift and Coffee Shop	4,536	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	1,529	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry		22
23	**SUBTOTAL Other Operating Revenue (lines 9 thru 22)**	$ 8,095	23
	D. Non-Operating Revenue		
24	Contributions	727,317	24
25	Interest and Other Investment Income***	182,117	25
26	**SUBTOTAL Non-Operating Revenue (lines 24 and 25)**	$ 909,434	26
	E. Other Revenue (specify):**		
27	Settlement Income (Insurance, Legal, Etc.)		27
28	Other Revenue - See Schedule	29,097	28
28a			28a
29	**SUBTOTAL Other Revenue (lines 27, 28 and 28a)**	$ 29,097	29
30	**TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)**	$ 5,267,598	30

	Expenses	2 Amount	
	A. Operating Expenses		
31	General Services	$ 1,094,112	31
32	Health Care	2,423,446	32
33	General Administration	767,458	33
	B. Capital Expense		
34	Ownership	318,424	34
	C. Ancillary Expense		
35	Special Cost Centers	66,961	35
36	Provider Participation Fee		36
	D. Other Expenses (specify):		
37			37
38			38
39			39
40	**TOTAL EXPENSES (sum of lines 31 thru 39)***	$ 4,670,401	40
41	**Income before Income Taxes (line 30 minus line 40)****	597,197	41
42	**Income Taxes**		42
43	**NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)**	$ 597,197	43

* **This must agree with page 4, line 45, column 4.**

** **Does this agree with taxable income (loss) per Federal Income Tax Return? _____ If not, please attach a reconciliation.**

*** **See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.**

******Provide a detailed breakdown of "Other Revenue" on an attached sheet.**

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Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)
(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,920	2,093	$ 44,263	$ 21.15	1
2	Assistant Director of Nursing	1,920	2,093	38,925	18.60	2
3	Registered Nurses	19,649	22,635	346,440	15.31	3
4	Licensed Practical Nurses	18,205	20,279	287,020	14.15	4
5	Nurse Aides & Orderlies	95,093	106,025	976,949	9.21	5
6	Nurse Aide Trainees	12,215	10,773	67,645	6.28	6
7	Licensed Therapist					7
8	Rehab/Therapy Aides					8
9	Activity Director	1,885	2,040	19,444	9.53	9
10	Activity Assistants	6,320	7,175	48,737	6.79	10
11	Social Service Workers	5,379	5,479	41,207	7.52	11
12	Dietician					12
13	Food Service Supervisor	2,080	2,104	26,131	12.42	13
14	Head Cook	1,871	2,160	22,980	10.64	14
15	Cook Helpers/Assistants	25,559	27,681	189,080	6.83	15
16	Dishwashers	3,786	3,984	24,540	6.16	16
17	Maintenance Workers	6,181	6,763	69,923	10.34	17
18	Housekeepers	13,759	14,392	107,490	7.47	18
19	Laundry	7,431	7,833	56,550	7.22	19
20	Administrator	1,960	2,080	68,489	32.93	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager	1,880	1,880	28,073	14.93	23
24	Clerical	10,150	11,026	94,920	8.61	24
25	Vocational Instruction	1,763	1,926	30,655	15.92	25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	5,962	6,336	92,879	14.66	31
32	Other Health Care(specify)					32
33	Other(specify) Chaplain	1,040	1,040	17,466	16.79	33
34	TOTAL (lines 1 - 33)	246,008	267,797	$ 2,699,806 *	$ 10.08	34

* This total must agree with page 4, column 1, line 45. ** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant	183	$ 7,483	Ln 1Col 3	35
36	Medical Director	200	9,000	Ln 9 Col 3	36
37	Medical Records Consultant				37
38	Nurse Consultant				38
39	Pharmacist Consultant	120	1,800	Ln 10 Col 3	39
40	Physical Therapy Consultant	52	2,204	Ln 10 Col 3	40
41	Occupational Therapy Consultant	58	2,375	Ln 10 Col 3	41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant	3	157	Ln 11 Col 3	44
45	Social Service Consultant	7	384	Ln 12 Col 3	45
46	Other(specify) Competency	2	40	Ln 10 Col 3	46
47	Evaluation Nurse Aide Training				47
48					48
49	TOTAL (lines 35 - 48)	625	$ 23,443		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	1,191	$ 49,690	Ln 10 Col 3	50
51	Licensed Practical Nurses	1,698	52,315	Ln 10 Col 3	51
52	Nurse Aides	13,083	238,103	Ln 10 Col 3	52
53	TOTAL (lines 50 - 52)	15,972	$ 340,108		53

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Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
Chris S. Csernus	Administrator	0.00%	$ 68,489
TOTAL (agree to Schedule V, line 17, col. 1)			
(List each licensed administrator separately.)			$ 68,489

B. Administrative - Other

Description	Amount
Administrative Consultant To Write Job Descriptions	$
And Respond To State Surveys	658
TOTAL (agree to Schedule V, line 17, col. 3)	$ 658
(Attach a copy of any management service agreement)	

C. Professional Services

Vendor/Payee	Type	Amount
Duane, Morris & Heckscher,LLP	Attorney	$ 208
Aplington, Kaufman,McClintock	Attorney	1,017
Hinshaw & Culbertson	Labor Attorney	2,772
Terry's Computer Shack	Computer Consultant	538
Bokus & May, PC	Reporting & Support	4,601
Lindgren, Callihan, VanOsdol & Co.,	Audit	6,350
Richards/Johnson & Associates Inc.	Architect	2,303
Fasco Mills Company	Payroll Processing	750
Quick Care	Software Consulting	940
TOTAL (agree to Schedule V, line 19, column 3)		
(If total legal fees exceed $2500 attach copy of invoices.)		$ 19,479

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	$ 85,023
Unemployment Compensation Insurance	(38)
FICA Taxes	207,832
Employee Health Insurance	121,494
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
Employer Share 401-K Pension	32,120
Employee Physicals	1,250
Employee Awards	8,391
TOTAL (agree to Schedule V, line 22, col.8)	$ 456,072

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
		$
TOTAL		$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	$
Advertising: Employee Recruitment	8,194
Health Care Worker Background Check	876
(Indicate # of checks performed 73)	
Membership Dues	7,801
Subscriptions & Ref. Publications	2,125
Advertising, Promotion & Other	7,605
Bank Fees & Charges	619
License For Corporation	5
Civic Club Dues	(373)
Less: Public Relations Expense	(4,154)
Non-allowable advertising	(4,247)
Yellow page advertising	(982)
TOTAL (agree to Sch. V, line 20, col. 8)	$ 17,469

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	$
Reimburse Auto Mileage Of Employees	
For Local Travel Required By Home	500
In-State Travel	3,048
Seminar Expense	4,089
Entertainment Expense	( )
TOTAL (agree to Sch. V, line 24, col. 8)	$ 7,637

* Attach copy of IMRF notifications

**See instructions.

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Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

	1	2	3	4	5	6	7	8	9	10	11	12	13
					Amount of Expense Amortized Per Year								
	Improvement Type	Month & Year Improvement Was Made	Total Cost	Useful Life	FY1997	FY1998	FY1999	FY2000	FY2001	FY2002	FY2003	FY2004	FY2005
1	Paint & Decorate Laun	2/1996	$ 6,231	5 Years	$ 1,246	$ 1,246	$ 1,246	$ 1,246	$ 208	$	$	$	$
2	Paint & Paper 2nd Floo	12/1996	1,104	5 Years	221	221	221	221	202				
3	Paint & Paper Activity	6/1997	633	5 Years	74	127	127	127	127	51			
4	Decorate Dining Room	11/1997	303	5 Years	10	61	61	61	61	49			
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20	TOTALS		$ 8,271		$ 1,551	$ 1,655	$ 1,655	$ 1,655	$ 598	$ 100	$	$	$

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Facility Name & ID Number Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

XX. GENERAL INFORMATION:

(1) Are nursing employees (RN,LPN,NA) represented by a union? **No**

(2) Are there any dues to nursing home associations included on the cost report? **Yes**
If YES, give association name and amount. **See Schedule**

(3) Did the nursing home make political contributions or payments to a political action organization? **No** If YES, have these costs been properly adjusted out of the cost report?

(4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? **No** If YES, what is the capacity?

(5) Have you properly capitalized all major repairs and equipment purchases? **Yes**
What was the average life used for new equipment added during this period? **8 Years**

(6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. $ **21,410** Line **10 Col 2**

(7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? **Yes** If NO, attach a complete explanation.

(8) Are you presently operating under a sale and leaseback arrangement? **No**
If YES, give effective date of lease.

(9) Are you presently operating under a sublease agreement? YES **X** NO

(10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES NO **X** If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over.

(11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. $ **65,332**
This amount is to be recorded on line 42 of Schedule V.

(12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? **Yes** If YES, attach an explanation of the allocation.

(13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? **Yes**

(14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? **No** For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions.

(15) Indicate the cost of employee meals that has been reclassified to employee benefits on Schedule V. $ **None** Has any meal income been offset against related costs? **yes** Indicate the amount. $ **12,254**

(16) Travel and Transportation
a. Are there costs included for out-of-state travel? **No**
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? **No** If YES, please indicate the amount of income earned from such a program during this reporting period. $ **0**
c. What percent of all travel expense relates to transportation of nurses and patients? **100%**
d. Have vehicle usage logs been maintained? **Yes**
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? **Yes**
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? **N/A**
g. Does the facility transport residents to and from day training? No
Indicate the amount of income earned from providing such transportation during this reporting period. $ **None**

(17) Has an audit been performed by an independent certified public accounting firm? **Y**
Firm Name: **Lindgren, Callihan, VanOsdel & Co., Ltd.** The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? **Yes** If no, please explain.

(18) Have all costs which do not relate to the provision of long term care been adjusted out out of Schedule V? **Yes**

(19) If total legal fees are in excess of $2500, have legal invoices and a summary of services performed been attached to this cost report? **Yes**
Attach invoices and a summary of services for all architect and appraisal fees.

Print Previe

Facility Name & ID Number: Mendota Lutheran Home # 00115

Report Period Beginning: 01/01/2000 Ending: 12/31/2000

Schedule V - Cost Center Expenses - Reclassification

Line No.	Operating Expense	Reason	Amount
Ln 14	Program Transportation	Vehicle License	78
Ln 17	Admin-Consultant	Remove Seminar Expense	-250
Ln 20	Dues, Fees, Subscriptions	Remove License Expense	-78
Ln 20	Dues, Fees, Subscriptions	Remove Seminar Expense	-50
Ln 24	Travel & Seminar	Add Seminar Expense	300

Schedule VI - Adjustment Detail

Line 29 - Other Non Allowable Expenses

Expense on Rental Property, Non-care property and Other expense adjustments

Management Fees - Rental Property	Pg 3, Ln 6	-1113
Utilities - Rental Property	Pg 3, Ln 5	-845
Depreciation - Rental Property	Pg 4, Ln 30	-1931
Depreciation - Non-Care Assets	Pg 4, Ln 30	-264
Depreciation - Sale Of Obsolete Assets	Pg 4, Ln 30	-20
Real Estate Taxes - Rental Property	Pg 4, Ln 33	-3045
Van Usage Receipts	Pg 3, Ln14	-1513
Copier Receipts	Pg 3, Ln21	-38
Worker's Comp Insurance Audit Refund	Pg 3, Ln26	-4462
Insurance - Rental Property	Pg 3, Ln26	-1100
Gift Shop Expense	Pg 4, Ln41	-1629
Civic Club Dues	Pg 3, Ln20	-373
Total		-16333

Schedule XIII Expenses Relating To Nurse Aid Training

Nurses Aides Trained At Our Facility for Other Homes:
Shabbona Health Care Center 409 West Comanche Ave. Shabbona, IL 60550
Walnut Manor 308 S. Second Street Walnut, IL 61376

Schedule X - Building And General Information

Page 11 Item F. 1 Total Amount Incurred:

Bond Financing Costs	27,866
Capitalized Interest	16,148
Total	44,014

Item F. 2 Number of Years Over Which it is Being Amortized

Bond Financing Costs	19 Years
Capitalized Interest	5 Years

Item F. 4 Dates incurred:

Bond Financing	1993 And 1994
Capitalized Interest	6/30/95 To 9/21/95

Nature Of Costs:
Bond Financing - To Secure & Issue Bonds for 1994 Construction.
Interest Accrued from the time New Building was Completed and the
Illinois Department of Health issued license to begin use of building

Schedule XVII Income Statement Section E Line 28 Other Revenue:

Van Usage Income	Page 3, Ln 14	1,513
Employee Meals	Page 3, Ln 1 & 2	12,254
Workers Comp Ins. Audit Refund	Page 3, Ln 26	4,462
Copy Charges	Page 3, Ln 21	38
Sales Of Outdated Equipment	Page 4, Ln 30	20
Vending Machine Income		1,368
Recycling Proceeds		767
Rental Property Income		8,675
Total		29,097

Facility Name & ID Number: Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

Schedule XX - General Information, Question Number 2 Nursing Home Associations

Life Services Network	4984
UHF Purchasing Service	150
Lutheran Services In America	415
Life Services Of Illinois	1484
Employers Association	395

Schedule XX General Information, Question 12 Allocation Of Salary Costs

Employee	Department	Hours	Wage Amount
Grote, Nancy	Social Services	1,178	7,220
	Activities	529	3,251
Sterchi, Cathy	Housekeeping	633	10,284
	Laundry	660	9,576
Dilley, Jessica	Dietary	154	923
	Nursing	404	3,167
Serrano, Jessica	Dietary	659	4,013
	Nursing	3	18
Freiwald, Travis	Laundry	93	633
	Maintenance	1,212	7,089
Coley, Arlene	Housekeeping	1,669	13,148
	Nursing	316	2,932

Schedule XIII Expenses relating To Nurse Aide Training

Item C. Contractual Income - For Training Nurses Aides:

Income From Other Facilities	1,060
Private Pay Nurses Aides	970
Total Received Per Schedule V Line 13 Col 7	2,030

Schedule XX General Information:
Item (19) Summary Of Services - Attorneys & Architect Fees.

Aplington,Kaufman, McClintock - Collection Services	1,017
Hinshaw & Culbertson - Employee Manual, Employment Issues, Employee Compensation Package	2,772
Duane, Morris, & Heckscher LLP - Abuse Prevention Investigation	208
Total Attorneys	3,997

Architect:

Richards/Johnson & Associates - Recommendations, Design, & Development Of Assisted Living Area	2,303
Total Architects	2,303

XII Rental Costs Detail Description Of Leased Equipment.

Mita 3060 G Copy Machine	$2,220 Annual Rental + Number Of Cop
Mita CS1435 Copy Machine	$ 780 Annual Rental + Number Of Cop
Mita 1460 Copy Machine	$ 882 Annual Rental + Number Of Cop
Mita 1470 Copy Machine	$ 882 Annual Rental + Number Of Cop
Panasonic 315 Fax Machine	$ 160 Annual Rental

Above Machines Leased from Modern Business Services, P.O. Box 754, Ottawa, IL 61350

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Facility Name & ID Number: Mendota Lutheran Home # 0011593 Report Beginning: 01/01/2000 Ending: 12/31/2000

Schedule of Travel and Seminar Costs

Date	Sponsor of Seminar	Title Of Seminar	Location	Individuals Attending	Job Titles	Cost Of Seminar	Travel Costs
01/18/00	IRTA Foundation	Long Term Care in the 21st Century	Rockford IL	Kim Stenzel	ADON	50	25
				Cindy Stamberger	SS Director		
02/10/00	Sauk Valley Community College	5 Hour Refresher Class for Foodservice Sanitation Certification	Dixon IL	Karen Wold	Food Service Director	210	40
				Traci Rapp	Dietary Aide		
				Janet Clark	Cook		
				Elizabeth Kaufman	Dietary Aide		
				Mary Pat Westfall	Dietary Aide		
				Arlene Archer	Activity Aide		
02/17/00	Life Services Network Trust	LSN Meeting	Lincoln IL	Chris Csernus	Administrator		74
03/08/00	Central IL Chapter Alzheimer Association	Creating Meaningful Moments	Peoria IL	Linda Schultz	Certified Nurse Aide	235	119
				Diana Parker	Certified Nurse Aide		
				Joann Ward	Certified Nurse Aide		
				Alice Gibson	Certified Nurse Aide		
				Mary Ann Fisher	LPN		
				Doris Johnson	Education Director		
03/14/00	Lincoln Land Community College	CNA Instructor Conference 2000	Springfield IL	Doris Johnson	Education Director	55	
03/16/00	Central IL Chapter Alzheimer Association	Train The Trainer	Dixon IL	Doris Johnson	Education Director	200	18
				Chris Csernus	Administrator		
03/29/00	AMAI/Success Builders	How to Legally Collect Accounts Rec.	Peoria IL	Chris Csernus	Administrator	318	88
				Leah Sheaves	Accounts Receivable		
03/29/00	Life Services Network	LSN Annual Convention	Chicago IL	Chris Csernus	Administrator	505	739
				Nyla Krabbenhoft	Comptroller		
04/17/00	Career Track	Excelling As a First-Time Supervisor	Rockford IL	Jana Trembly	LPN	298	69
				Bonnie Hash	RN		
04/17/00	Nutrition Care Systems	Sanitation Cert. Course	Schaumberg IL	Jean Kobylecky	Dietary Aide	0	0
04/21/00	Illinois Dept. Of Public Aid	Public Aid Training	Ottawa IL	Nyla Krabbenhoft	Comptroller		47
				Lea Sheaves	Accounts Receivable		
04/28/00	Life Services Network	HCFA's New Expanded MDS Correction Policy	Peoria IL	Jan Bima	Care Plan Coordinator		64
				Linda Truckenbrod	Care Plan Coordinator		
05/09/00	Alzheimer's Association	Support Group Leader Meeting	Peoria IL	Doris Johnson	Education Director		45
05/11/00	Life Services Network Trust	LSN Meeting	Lincoln IL	Chris Csernus	Administrator		73
05/31/00	Life Services Network	LSN Cost Benchmarking Training	Hinsdale IL	Nyla Krabbenhoft	Comptroller	250	214
06/07/00	Life Services Network	Assisted Living Legislation in Illinois	Rockford IL	Chris Csernus	Administrator		81
				Pat Peterson	DON		
				Kim Stenzel	ADON		
06/12/00	Life Services Network	LSN Meeting for Bench Marking	Wheaton IL	Chris Csernus	Administrator		48

Facility Name & ID Number: Mendota Lutheran Home # 0011593 Report Period Beginning: 1/01/2000 Ending: 12/31/2000

Schedule of Travel and Seminar Costs

Date	Sponsor Of Seminar	Title Of Seminar	Location	Individuals Attending	Job Titles	Cost of Seminar	Travel Costs
06/13/00	Kronos	Kronos Training - Basic Operation	Schaumburg IL	Nyla Krabbenhoft	Comptroller		75
06/14/00	Central Il Alzheimer Association	Train The Trainer	Ottawa IL	Chris Csernus	Administrator		21
06/23/00	Kronos	Kronos Training	Schaumburg IL	Leah Sheaves	Accounts Receivable		58
06/27/00	Kronos	Kronos Training - Scheduler	Schaumburg IL	Nyla Krabbenhoft	Comptroller		76
06/30/00	Walnut Manor	Five Home Conference	Walnut IL	Chris Csernus	Administrator		18
07/30/00	Kronos	Kronos Training - System Admin.	Schaumburg IL	Nyla Krabbenhoft	Comptroller		76
07/13/00	Life Services Network	Understaning the Person With Dementia : Frontline Communication and Caring	Rockford IL	Joann Ward	Certified Nurse Aide	220	55
				Amanda Lewis	Certified Nurse Aide		
				Tammie Bierwirth	Certified Nurse Aide		
				Laura Weiler	Certified Nurse Aide		
07/19/00	Life Service Network	Wellspring Training	Flanagan IL	Chris Csernus	Administrator		42
07/20/00	Illinois Dept. Of Public Health	IDPH CNA Meeting	Dixon IL	Jean Spriet	Certified Nurse Aide		23
07/28/00	Alzheimer's Association	Alzheimer Association Meeting	Dixon IL	Doris Johnson	Education Director		14
07/31/00	Life Services Network Trust	LSN Trust Board Meeting	Bloomington IL	Chris Csernus	Administrator		54
08/30/00	National Institute for Health and Human Services	Restraints and Falls	Springfield IL	Mary Lundquist	RN - Rehab	270	96
				Doris Johnson	Education Director		
09/27/00	Life Services Network	LSN District Meeting	Dixon IL	Chris Csernus	Administrator		20
09/27/00	Alzheimer's Association	Alzheimer Support Group Leader Mtg.	Dixon IL	Doris Johnson	Education Director		44
09/28/00	LSN Foundation	LSN Fall Institute		Connie Buchanan	Activity Director	55	
09/29/00	SW Seminars Association	2000 Illinois Nursing Law Seminar	Peoria IL	Sara Torman	LPN	98	83
				Terri Conner	LPN		
10/03/00	Life Services Network	LSN Conference	Springfield IL	Chris Csernus	Administrator	950	433
				Pat Peterson	DON		
				Kim Stenzel	ADON		
				Mary Lundquist	RN - Rehab		
				Connie Buchanan	Activity Director		
				Cindy Stamberger	Social Service Director		
				Karen Wold	Food Service Director		
				Tammi Isaacs	Certified Nurse Aide		
				Tammie Bierwirth	Certified Nurse Aide		
				Melissa Byrne	Certified Nurse Aide		
				Gloria Hamer	Certified Nurse Aide		
10/10/00	Alzheimer's Association	The Wizard of Alzheimers	Dixon IL	Martha Sloan	Certified Nurse Aide	280	10
				Lynne Gambrel	Certified Nurse Aide		
				Chris Loy	Certified Nurse Aide		
				Margaret Schlesinger	Certified Nurse Aide		
				Laura Weiler	Certified Nurse Aide		

Facility Nam Facility Nam Facility Name & ID Number: Mendota Lutheran Home # 0011593 Report Period Beginning: 01/01/2000 Ending: 12/31/2000

Schedule of Travel and Seminar Costs

Date	Sponsor Of Seminar	Title Of Seminar	Location	Individuals Attending	Job Title	Cost Of Seminar	Travel Cost
11/28/00	Life Services Network	Potential Central Illinois Wellspring Group	Metamora IL	Chris Csernus Pat Peterson	Administrator DON		47
11/27/00	Employers' Association	OSHA Recordkeeping Requirements	Peoria IL	Nyla Krabbenhoft	Comptroller	95	59
				TOTALS		4,089	3,048